

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION ☐ UNCLASSIFIED

Part 1 - Items 1 through 12 to be completed by department head or personnel office.

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|--|--|---|--------------------|--|--|
| 1. Agency Name Department for Children and Families | | 9. Position No. K0223659 | | 10. Budget Program Number 25521 | |
| 2. Employee Name (leave blank if position vacant) | | | | 11. Present Class Title (if existing position) Human Services Assistant | |
| 3. Division Economic and Employment Services | | | | 12. Proposed Class Title | |
| 4. Section Low Income Energy Assistance Program (LIEAP) | | For Use By Personnel Office | 13. Allocation | | |
| 5. Unit | | | 14. Effective Date | | |
| 6. Location (address where employee works) City: TOPEKA County: SHAWNEE | | | 15. By | Approved | |
| 7. (circle appropriate time) Full time Part time Perm Temp. Regular | | 16. Audit Date: By: Date: By: | | Position Number | |
| 8. Regular hours of work: (circle appropriate time) FROM: 8:00 AM To: 5:00 PM | | 17. Audit Date: By: Date: By: | | | |

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name

Title

Position Number

LIEAP Site Manager

Who evaluates the work of an incumbent in this position?

Name

Title

Position Number

Human Service Consultant

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

There is specific prioritization to work. Processes used for completion are specific to remain in accordance with Federal and State guidelines. Training will take place during the first weeks of employment, and supervisory resources are available to offer guidance when necessary. Training will include, but may not be limited to: DCF and LIEAP policies and guidelines, customer service, phone etiquette, and computer systems necessary to access and properly process LIEAP applications. Assignments are dictated by the task at hand.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); **to whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

| | | |
|--|--------|--|
| No. Each Task and Indicate Percent of Time | E or M | <p>The person in this position has access to protected health information (PHI) under the provisions of the Health Information Portability Act of 1996 (HIPAA) Privacy Rule. PHI must be treated in accordance with the provisions of the HIPAA Privacy Regulation including the requirements for safeguarding, releasing and recording the release of such information. The person will receive training in the provision of the HIPAA Privacy Regulations as they relate to the duties of this position and has signed a confidentiality agreement.</p> <p>In addition to the tasks listed below, the incumbent is expected to communicate the Mission, Vision and Guiding Principles of the agency to peers, clients and the public; identify personal strengths and developmental needs to increase job performance and long-term career growth. Continually analyze work processes, seek new approaches and make recommendations to enhance efficiency and effectiveness of the agency. Works in a harmonious and cooperative fashion with other staff to provide efficient and effective customer service. Uses free time as available to assist other staff in the completion of work assignments. Contributes to a positive work environment through a positive, helpful, courteous demeanor towards staff, clients, and the general public. Adheres to appropriate standards of conduct regarding the use of leave and reports to work on time.</p> |
| 45% | E | <p><u>LIEAP ELIGIBILITY DUTIES</u></p> <p>Participates in the processing of applications for the Low Income Energy Assistance Program (LIEAP). Handles high volume incoming phone calls to the processing center. Registers applications promptly and requests additional information from customers as necessary and in writing, allowing sufficient time for the customer to respond. Accesses various internal and external computer systems for the purposes of verifying income and enters data into the LIEAP computer system.</p> |
| 45% | E | <p>Determines eligibility for the LIEAP program within established timelines based upon federal and state policies and regulations as identified in the Kansas Economic Employment Support Manual. Maintains an accurate record of case actions in the customer's case file. Responds to customer inquiries regarding the LIEAP program. May be assigned in a variety of areas of administration based on need.</p> |
| 10% | E | <p><u>ADMINISTRATIVE DUTIES</u></p> <p>Organizes active LIEAP files so that they may be referenced as needed. Alphabetizes and files completed LIEAP files in the appropriate storage areas for ease of access. Makes any necessary preparation for the following LIEAP season. Assist in various areas on an as needed basis such as mail room, and other LIEAP related administrative support.</p> |

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

- () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
- () Plans, staffs, evaluates, and directs work of employees of a work unit.
- () Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name

Title

Position Number

23. Which statement best describes the results of error in action or decision of this employee?

- () Minimal property damage, minor injury, minor disruption of the flow of work.
(X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
() Major program failure, major property loss, or serious injury or incapacitation.
() Loss of life, disruption of operations of a major agency.

Please give examples.

Failure to perform essential functions would cause severe financial and emotional hardships for consumers and could result in the loss of federal funds and/or fiscal sanctions to the State of Kansas.

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

This position involves daily contact with agency consumers, agency employees, other social service agencies, community resource agencies, government officials and the general public in order to determine assistance eligibility for customers. Makes referrals to/and coordinates access to other services within the community for the customers. Receive daily dissemination of information regarding state and federal regulations as well as agency programs, policy, and procedures. These contacts will also include problem resolution.

25. What hazards, risks or discomforts exist on the job or in the work environment?

This position may encounter hostile, angry or upset people when dealing with issues of eligibility for assistance. Long periods of time may be spent on a computer and various computer systems. A high level of stress may exist in the determination of eligibility due to limitations of the programs and resources to effectively resolve customers need for help. Upon occasion, physical harm may be threatened or attempted by hostile, angry or upset customers.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Computer and related software and mainframe system, printer, fax machine, copy machine and telephone are used daily.

PART III - To be completed by the department head or personnel office

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education – General

High School diploma or equivalent

Education or Training - special or professional

Licenses, certificates and registrations

Special knowledge, skills and abilities

- DCF and/or LIEAP experience
- Experience working with the public
- Experience with accurate data entry
- Bi-lingual in English and Spanish

Experience - length in years and kind

One year of experience in providing customer service. Education may be substituted for experience as determined relevant by the agency.

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Must maintain security clearance throughout employment.

Signature of Employee

Date

Signature of Personnel Official

Date

Approved: _____

Signature of Supervisor Date

Signature of Agency Head or
Appointing Authority Date